

Brent D. Sherard, M.D., M.P.H., F.A.C.P., Director and State Health Officer

**Governor Dave Freudenthal** 



## 2010-2011 FLU VACCINATION CLINIC REGISTRATION FORM

To post your flu vaccination clinics or extended office hours on the Immunization Section web site (www.immunizewyoming.com), please complete and fax this form to 307-777-3615.

## PROVIDER INFORMATION

Provider Name:				
Address:		City/Town:		
County:		Phone:		
	CLINIC INFORM	MATION		
	Clinic Time:		County:	
Clinic Address:		City/Town:		
Contact	_	<u></u>		
		Contact Phone:		
Additional				
	CLINIC INFORM	MATION		
Clinic Date:	Clinic Time:		County:	
Clinic				
Contact Name:		Contact Phone:		
Additional Information:				

Community and Public Health Division • Immunization Section 6101 Yellowstone Road, Suite 420 • Cheyenne, Wyoming 82002

Main Number (307) 777-7952 • FAX (307) 777-3615 WEB Page: www.immunizewyoming.com